

MARYLAND SCIENCE CENTER

YOUTH VOLUNTEER APPLICATION

Questions? Call 410.779.1627
 VOLUNTEER PLACEMENT IS BY INTERVIEW ONLY

Please complete this form & return by:
Fax 410.545.5889
Mail Volunteer Office
 601 Light Street
 Baltimore, MD 21230
Email volunteers@marylandsciencecenter.org

PERSONAL INFORMATION

Volunteers 18 and over please use the adult volunteer application.

Name _____ Date of Birth ____/____/____

Address _____ County _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

How do you prefer to be contacted _____

Ethnicity

(This information is subject to government reporting requirements and is strictly voluntary. Failure to reply to this question will NOT result in any adverse action.)

Asian African American Hispanic/Latino American Indian or Alaska Native

Caucasian Other: _____

How did you hear about our volunteer opportunities? _____

POSITIONS & AVAILABILITY

Please choose the volunteer positions that interest you the most.

_____ Camp In _____ Camp MSC _____ Teen Summer Experience

_____ Short-term School-based Internship

Please indicate your availability by filling in the days and times you are available for volunteering.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

EDUCATION

Name of High School _____

Circle last year completed: 9 10 11 12

Are you volunteering as part of a school required community service or internship project? Yes No

If Yes, please list the requirements, including hours and dates of the project _____

Program Contact _____ Telephone _____



Please list any employment, education, volunteer experiences, activities, leadership positions, or hobbies you are involved in, or have been involved in, that may be of value to The Maryland Science Center:

Why is volunteering important? Why do you want to volunteer at the Maryland Science Center?

If you could describe yourself with one word, what would that word be? _____

I understand that I am applying for a position as an unpaid volunteer at the Maryland Science Center and that submission of this application does not guarantee placement in the volunteer program. Furthermore, by signing below, I certify that the information provided on this application is true and correct, to the best of my knowledge.

Applicant Signature _____ Date _____

Applicant Print Name _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Print Name _____

It is the policy of MSC to require criminal background checks for all prospective volunteers over age 18 at the expense of MSC. A copy of this report will be made available upon request.



STATEMENT OF SUPPORT
MARYLAND SCIENCE CENTER
YOUTH VOLUNTEER PROGRAM
VOLUNTEER APPLICATION

Student Name _____

The rest of this form is to be completed by a teacher, service coordinator, or group leader that is supporting your application (not a family member).

Name _____

Title _____

Phone _____ Email _____

School/Organization _____

I understand that I am recommending this volunteer as an individual who will honor their commitment to the Volunteer program at the Maryland Science Center. This includes arriving on time and exhibiting appropriate behavior. I further understand that the Volunteer Coordinator will notify me if any problems arise.

Signature _____ Date _____

